FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

| 13088 | 59 | l |
|-------|----|---|
|-------|----|---|

| i | OMR APP | HOVAL |
|---|-----------------|--------------|
| | OMB Number: | 3235-0076 |
| | Expires: | May 31, 2005 |
| | Estimated avera | age burden |
| | hours per respo | nse16.00 |
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| SE | USE O | VLY · |
|--------|-----------|--------|
| Prefix | | Serial |
| . DA | TE RECEIV | ED |
| | 1 | 1 |

| UNIFORM LIMITED OFFERING EXEM | PTION |
|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | |
| Type of Filing: New Filing Amendment IES A PREFERRED STOCK | CENTRAL PROPERTY OF THE PROPER |
| A. BASIC IDENTIFICATION DATA | · |
| 1. Enter the information requested about the issuer | NGV O S 2864) |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Trilibis, Inc. | - Control of Control |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 539 Bryant Street, Suite 404, San Francisco, CA 94107 | (415) 896-6031 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| business trust limited partnership, to be formed | PROCESSED Please specify): NOV 1 9 2004 E |
| Actual or Estimated Date of Incorporation or Organization: 0 5 0 2 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20: | 549. |
| Could Be wind Fine (5) aming of this notice must be filed with the SEC and of which must be margarette. | er siamed . A arr semine and arrange after all and discount for |

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– Attention –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | | A. BASIC ID | ENTI. | FICATION DATA | | | | |
|---|----------------------|---------------------|---------------------------------------|----------|------------------------|----------|---|----------|-------------------------------------|
| Enter the information re | quested for the fo | lowing: | | | | | | | |
| • Each promoter of t | he issuer, if the is | suer has b | een organized v | vithin | the past five years; | | | | |
| Each beneficial own | ner having the pow | er to vote | or dispose, or d | irect th | c vote or disposition | of, 10 | % or more o | f a clas | s of equity securities of the issue |
| • Each executive off | icer and director o | f corporat | e issuers and of | f corpo | rate general and mar | naging | partners of | `partne | ership issuers; and |
| Each general and n | nanaging partner o | f partners | hip issuers. | | | | | | |
| Check Box(es) that Apply: | Promoter | ✓ Ber | neficial Owner | 7 | Executive Officer | V | Director | | General and/or Managing Partner |
| | | | | | | | *************************************** | | Managing Lattici |
| Full Name (Last name first, i | f individual) | | | | | | | | |
| Tom Paddon, President | | | | | | | | | |
| Business or Residence Addres | ss (Number and | Street, Ci | ty. State, Zip C | ode) | | | | | |
| 539 Bryant Street, Suite 404, Sa | an Francisco, CA 94 | | | | · | | | | |
| Check Box(es) that Apply: | Promoter | Bei | neficial Owner | Ø | Executive Officer | V | Director | | General and/or Managing Partner |
| full Name (Last name first, it | f individual) | A de la constantina | | | | | | | |
| Alex Panelli, CEO | | | | | | | | | |
| Business or Residence Addres | ss (Number and | Street, Ci | ty, State, Zip C | ode) | | | | | |
| 539 Bryant Street, Suite 404, Sa | an Francisco, CA 94 | 107 | | | | | | | |
| Check Box(es) that Apply: | Promoter | ✓ Ber | neficial Owner | V | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| Mayyannan Alagannan CTO | | | | | | | | | |
| Meyyappan Alagappan, CTO Business or Residence Addres | ss (Number and | Street, Ci | ty. State, Zip C | ode) | | | | | |
| 539 Bryant Street, Suite 404, Sa | en Francisco, CA 94 | 107 | | | | | | | |
| Check Box(es) that Apply: | Promoter | | neficial Owner | 7 | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, it | Findividual) | | | | | 4.41 | | | |
| full Name (Last name first, fi | individual) | | | | | | | | |
| Stephen Collet, CFO Business or Residence Addres | s (Number and | Street Cit | ty. State, Zip C | ode) | | | _ | | |
| | | | ly, State, Zip C | oue | | | | | |
| 539 Bryant Street, Suite 404, Sa | | | | | F | | Disease | | C |
| Check Box(es) that Apply: | Promoter | / Ber | neficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, it | findividual) | | | | | | | | |
| Mark Adnrew Woodsmansee | · | | | | | | | | |
| Business or Residence Addres | ss (Number and | Street, Cit | ty, State, Zip C | ode) | | | | | - |
| 539 Bryant Street, Suite 404, Sa | in Francisco, CA 94 | 107 | · · · · · · · · · · · · · · · · · · · | | | | _ | | |
| Check Box(es) that Apply: | Promoter | ✓ Ber | neficial Owner | | Executive Officer | 7 | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | | |
| Gary Kashefska | c (Number and | Street Cit | ty State 7 in C | ode) | | | | | |
| Business or Residence Addres | | | is, state, zip C | (uc) | | | | | |
| 539 Bryant Street, Suite 404, Sa Theck Box(es) that Apply: | Promoter | | neficial Owner | | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | ····· | | | | | | |
| Business or Residence Addres | s (Number and | Street, Cit | y, State, Zip Co | ode) | | | | | |
| | | | | | | | | | |
| | (Use blai | nk sheet, c | or copy and use | additi | onal copies of this sh | neet. a | s necessary |) | |

| | | | | | В. 1 | NFORMAT | ION ABOU | T OFFERI | ING | | | | |
|----------|---|---|------------------------------|--|--|---|--|--|---|-----------------------------|--|----------------------|----------------|
| 1. | Has the | issuer solo | d, or does ti | he issuer i | ntend to se | ll. to non-a | ccredited i | nvestors ir | this offer | ing? | | Yes | No [7] |
| • | | | -, - | | | Appendix | | | | • | | | Ú |
| 2. | What is | the minim | ium investn | nent that w | vill be acce | pted from | any individ | lual? | •••• | | | \$ | |
| 2 | | | | | | | | | | | | Yes | No |
| 3. 4. | Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, and the paid or given. | | | | | | | | | | | 7 | Ц |
| | commis If a pers or state | ssion or sim son to be lis s. list the na | ilar remune ted is an ass | ration for s sociated pe roker or de | solicitation erson or age ealer. If me | of purchas ent of a brob ore than fiv | ers in conne ker or deale e (5) persor | ection with r registered is to be list | sales of seed with the S | curities in t SEC and/or | he offering. with a state sons of such | | |
| Ful | l Name (| Last name | first. if ind | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (N | umber and | d Street. C | ity, State, 2 | Cip Code) | | | | | | |
| Nai | me of As | sociated Br | oker or De | aler | | | | | | | | | |
| Sta | tes in WI | nich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | _ | , | |
| | (Check | "All States | or check | individual | States) | ******************* | ******************* | | ••••• | | | ☐ Al | l States |
| | AL IL MT RI | IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | MN OK WI | MS OR WY | MO PA PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bus | siness or | Residence | Address (N | Number an | d Street, C | city, State, 2 | Zip Code) | | _ | | | | |
| Nar | ne of Ass | sociated Br | oker or De | aler | | | | | | | | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | - | | |
| | (Check | "All States | or check | individual | States) | | •••• | | *************************************** | ••••• | ······ | ☐ Al | l States |
| | AL | AK | ĀZ | AR | CA | CO | CT | DE | DC | FL | GA | Hl | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM UT | NY VT | NC VA | ND WA | OH WV | OK] WI] | OR WY | PA PR |
| Ful | | | first, if indi | | | | | | | | | | |
| Buc | iness or | Dasidanca | Address (N | lumber an | d Street C | ity State 1 | 7in Code) | | | | | | |
| Dus | illess 01 | Residence | Audiess (i | dilliber all | u Street, C | ity, State, 2 | | | | | | | |
| Nan | ne of Ass | sociated Br | oker or Dea | aler | | | | | | | 7 | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | 1 | | | |
| | (Cheek | "All States | " or check | individual | States) | | ••••• | | ••••• | ••••• | •••••• | ☐ All | States |
| | IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | OK | HI MS OR WY | MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | : | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ 0.00 | \$ 0.00 |
| | Equity | \$ 1,000,000.00 | \$ 587,880.00 |
| | Common 7 Preferred | | |
| | Convertible Securities (including warrants) | \$ 0.00 | \$ 0.00 |
| | Partnership Interests | \$ 0.00 | \$ 0.00 |
| | Other (Specify) | | \$ 0.00 |
| | Total | | \$ 587,880.00 |
| | Answer also in Appendix, Column 3. if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | : | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | _14 | \$ 587,880.00 |
| | Non-accredited Investors | 0 | \$_0.00 |
| | Total (for filings under Rule 504 only) | 0 · | \$_0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | 0 | \$_0.00 |
| | Regulation A | 0 | \$ 0.00 |
| | Rule 504 | 0 | \$ 0.00 |
| | Total | 0 | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | | \$ 12,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | 7 | \$_12,000.00 |

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXI | PENSES AND USE OF I | PROCEEDS | |
|-------|--|--|---|--|-------------------------------|
| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." | Question 4.a. This differen | ce is the "adjusted gross | | \$_988,000.00 |
| 5. | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par | ly purpose is not known, f f the payments listed must e | urnish an estimate and equal the adjusted gross | | |
| | | | | Payments to Officers. Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | | \$ 0.00 | \$_0.00 |
| | Purchase of real estate | | | \$ <u>0.00</u> | \$_0.00 |
| | Purchase, rental or leasing and installation of madequipment | hinery | | \$ 0.00 | \$ 0.00 |
| | Construction or leasing of plant buildings and fac | ilities | [| \$ 0.00 | \$ 0.00 |
| | Acquisition of other businesses (including the val offering that may be used in exchange for the assoissuer pursuant to a merger) | ets or securities of another | [| 228 730 ~ | \$ 0.00 |
| | Working capital | | , | | \$ 90,000.00 \$ 710,270.00 |
| | Other (specify): | | , | \$ 0.00 | \$ 0.00 |
| | other (specify). | | | | <u> </u> |
| | | | | u | \$ <u>0.00</u> |
| | Column Totals | | [| 228,730.0 \$ <u>478,730.00</u> | \$ <u>809,270.00</u> 7 |
| | Total Payments Listed (column totals added) | | | \$ <u>_</u> 988 | 8,000.00 |
| | | D. FEDERAL SIGNA | TURE | | |
| ign. | ssuer has duly caused this notice to be signed by the sture constitutes an undertaking by the issuer to fur aformation furnished by the issuer to any non-acc | nish to the U.S. Securities | and Exchange Commis | sion, upon writte | |
| ssu | r (Print or Type) | Signature | 200 | Date | |
| Tilib | s, Inc. | Alul F. Ka | M. | 11-5-0 | 4 |
| Jam | e of Signer (Print or Type) | Title of Signer (Print or | Type) | - | |
| | Panelli | CEO | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE |
|-------------|---|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? |
| | See Appendix, Column 5, for state response. |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
| | ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person. |
| Issuer (| Print or Type) Signature Date |
| Trilibis, I | nc. Und. Lill. 11-5-04 |

Title (Print or Type)

CEO

Instruction:

Name (Print or Type)

Alex Panelli

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | - 13\$\forall \text{1} | | Al | PENDIX | | | | | |
|-------|--------------------------------|---|--|--------------------------------------|---|--|--------|-----|----|--|
| 1 | Intend to non-a investor | I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | Preferred Stock Series G | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
| AR | | | | | | | | | | |
| CA | | ✓ | \$476,346.50 | 9 | \$476,346.50 | | | | ✓ | |
| СО | | | | | | | | | | |
| СТ | | | | | | · | | | | |
| DE | | | | | | | • | | | |
| DC | | | | | | | | | | |
| FL | | | | | | | | | | |
| GA | | | | ; | | | | | | |
| НІ | · | | | | | | | | | |
| ID | | | | | | | | | | |
| IL | | | | | | | | | | |
| IN | | 1 | \$90,000.00 | 1 | \$90,000.00 | | | | ✓ | |
| IA | | | | | | | | | | |
| KS | ' | | | | | | | | | |
| KY | | | | | | | | | | |
| LA | | | · | | | | | | | |
| ME | | | | | | | | | | |
| MD | | | | | | | | | | |
| MA | | | | | | | | | | |
| MI | | | | | | | | | | |
| MN | | | | | | | | | | |
| MS | | | | | | | | | | |

| | | | | APP | ENDIX | *************************************** | | | | |
|-------|--------------------------------|---|--|--------------------------------------|---------------------------|---|--|--|----------|--|
| 1 | Intend to non-a investor | 1 to sell accredited is in State i-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 investor and rchased in State C-Item 2) | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | Preferred Stock Series G | Number of Accredited Investors | Accredited Non-Accredited | | | | | |
| МО | | | | | | , | | | | |
| МТ | | | | | | | | | | |
| NE | | | | | | | | | | |
| NV | | | | | | | | | | |
| NH | | | | | | | | | | |
| NJ | | | | | | | | | | |
| NM | | | | | 1.47.0 | | | | | |
| NY | | ✓ | \$2,232.00 | 1 | \$2,232.00 | | | | ✓ | |
| NC | | ✓ | \$4,464.00 | 1 | \$4,464.00 | | | | ✓ | |
| ND | | <u></u> . | | | | | | | | |
| ОН | · | | | | | | | | | |
| ОК | | | | | | | | | | |
| OR | | ✓ | \$5,000.00 | 1 | \$5,000.00 | | | | . 🗸 | |
| PA | | | | | • | | | | | |
| RI | | | | | | | | | | |
| SC | | | | | | | | | | |
| SD | | | - | | | | | | | |
| TN | | | | | | | | | | |
| TX | | ✓ | \$9,837.50 | 1 | \$9,837.50 | | | | √ | |
| UT | | | | | | | | | | |
| VT | | | | | | | | | | |
| VA | | | | | | | | | | |
| WA | | | | | | | | | | |
| wv | | | | | | | | | | |
| WI | | | | | | | | | | |

| · · · · · · · · · · · · · · · · · · · | | Section 1 | | APP | ENDIX | \$ W | | | |
|---------------------------------------|--|-----------|--|---|--------|--|---|--|----|
| 1 | | 2 | 3 | | | 4 | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) The state of the state | |
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | under St. (if yes, explan waiver | ate ULOE, attach ation of granted) | |
| State | e Yes No | | Preferred Stock Series F | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |